



TRIPLER ARMY MEDICAL CENTER
Department of Psychology
1 Jarrett White Road, Honolulu, HI 96859
(808) 433-1486 Fax (808) 433-1466

APPLICATION FOR POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY

Tripler Army Medical Center is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis, including race, gender, age, religion, national origin, disability, sexual orientation, ancestry, or prior belief or activity. Our policy is to select the best-qualified persons on the basis of ability, experience, education, and training, as related to the requirements of the specific position for which the applicant is being considered.

I. Personal Information

Name: _____ Date: _____
Last First Middle

Present Address: _____
Street & Number City State Zip

Permanent Address: _____
Street & Number City State Zip

Telephone Numbers: (H) _____ (W) _____ Fax: _____

Social Security No: _____ DOB: _____ Race: _____
(Optional) (Optional)

E-mail: _____

Are you a United States Citizen? _____ No _____ Yes

Emergency Contact:

Name: _____ Tel: _____ Relationship: _____

Address: _____
Street & Number City State Zip

II. Fellowship Track Desired (Select One)

Health Psychology _____

Child/Pediatric Psychology _____

Neuropsychology _____

III. General Information

All persons to whom employment is offered are required to undergo a physical examination before beginning work.

Have you ever been convicted of a crime: _____ No _____ Yes

If yes, please list date, place, charge, disposition, and rehabilitation activities.

In answering this question, you need not consider criminal convictions, which have been expunged. A record of criminal conviction will not necessarily bar you from employment. In making our decision, we will consider factors such as your age at the time of the conviction, the passage of time since then, the seriousness and nature of the violation, and rehabilitation. We will consider the nature of the job for which you are applying.

IV. Employment History

List below your last three employers, starting with most recent. Please specify any other names worked under.

Date: (Month and Year) From: _____ To: _____
Employer: _____ Starting Salary: _____
Address: _____ Final Salary: _____
Street & Number City State Zip
Name of Immediate Supervisor: _____
Full Description of work and position held: _____

Reason for leaving: _____
May we contact your present employer? _____ Yes _____ No
Reference Check: _____
(For Personnel Dept. Use Only)

Date: (Month and Year) From: _____ To: _____
Employer: _____ Starting Salary: _____
Address: _____ Final Salary: _____
Street & Number City State Zip
Name of Immediate Supervisor: _____
Full Description of work and position held: _____

Reason for leaving: _____
May we contact your present employer? _____ Yes _____ No
Reference Check: _____
(For Personnel Dept. Use Only)

Date: (Month and Year) From: _____ To: _____
Employer: _____ Starting Salary: _____
Address: _____ Final Salary: _____
Street & Number City State Zip
Name of Immediate Supervisor: _____
Full Description of work and position held: _____

Reason for leaving: _____
May we contact your present employer? _____ Yes _____ No
Reference Check: _____
(For Personnel Dept. Use Only)

Were/are you in the Armed Services? _____ Yes _____ No Dates of Duty: From: _____ To: _____
List duties in the Service pertinent to job sought: _____

V. Education and Licensure

Please furnish all education and training, which you believe qualifies you for the fellowship you are seeking.

	Name and Address Of School	Course of Study	Circle Year Completed	Degree Awarded
College or University			1 2 3 4	Degree ___Yes ___No Type:_____ Date:_____
Graduate School			1 2 3 4	Degree ___Yes ___No Type:_____ Date:_____
Graduate School			1 2 3 4	Degree ___Yes ___No Type:_____ Date:_____

Internship:

Name:_____ Location:_____ APA approved:_____

Date of Completion:_____

Dissertation:

Title:_____

Date of Completion:_____

Licensing or Certification:

Type, State and Number:_____ Date issued:_____ Expiration Date:_____

Renewal Number:_____ Licensed by:_____ Examination _____ Waiver _____ What State: _____

Have you applied for reciprocity? ___Yes ___No Date:_____

Have any of your professional license(s) ever been investigated or have you ever had an ethical complaint filed against you?

___Yes ___No

If yes, explain:_____

VI. Professional References

Please provide the names and other information indicated below for **three** professional references. These references should be persons who are very familiar with your professional work, and should include previous supervisors and/or instructors.

NAME	ADDRESS	TELEPHONE	POSITION

Please provide any additional information that was not asked for which you believe will help us determine your qualifications for the fellowship for which you have applied. _____

Please read the following statements carefully. By signing, you acknowledge that you have read and understand the meaning of each statement and accept any conditions therein.

1. Any misrepresentation of acts in this application, or in connection with any physical examination, will be just cause for rejection of the application, or dismissal if hired.
2. I hereby authorize investigation of all statements and voluntarily release and hold harmless from liability and/or damages, all parties who may issue or receive information regarding my application for employment with TAMC.
3. I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between TAMC and myself for employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon TAMC unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that TAMC retains a similar right.
4. If I am hired, my employment is conditional (temporary) pending final approval, health clearance, satisfactory references, and successful completion of a 90-day probationary period that can be extended at the discretion of TAMC.
5. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future, unless a separate employment contract has been offered and accepted. The conditions of any such contract will supercede the conditions listed here.
6. Except as provided in a separate employment contract offered and accepted, I am responsible for my necessary transportation to and from my assigned worksite.
7. I understand that even though I may have been hired for a specific work schedule, TAMC cannot guarantee permanent schedules and may alter such arrangements as necessary to meet specific contractual obligations.
8. TAMC reserves the right to amend its policies and practices as it deems necessary or appropriate regardless of whether such policies or practices were established prior to or after my employment.

(Applicant's signature)

_____/_____/_____
(Date)

Please submit curriculum vita, transcripts, 3 professional letters of reference, a professional work sample, and a statement of interest and career goals with this application.